

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/27/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1564 S UNIVERSITY BLVD</b> <b>UPLAND, IN 46989</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was completed in conjunction with the Investigation of Complaint IN000141417.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00139362 completed on 11/13/13.</p> <p>Complaint IN00141417 unsubstantiated due to lack of sufficient information.</p> <p>Survey date: December 26, 2013</p> <p>Facility number: 000107 Provider number: 155200 AIM number: 100290330</p> <p>Surveyor: Toni Maley, BSW Kim Davis, RN</p> <p>Census bed type: SNF/NF: 53 Total: 53</p> <p>Census payor type: Medicare: 6 Medicaid: 32 Other: 15 Total: 53</p> <p>Sample: 3</p> <p>University Nursing Center was found to be in compliance with 42 CFR part 483 Subpart B AND 410 IAC 16.2 in regard to the to the Investigation of Complaint IN00141417.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Quality review completed by Debora Barth, RN.	F 000			